

# Food Establishment Inspection Report

Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530		No. of Risk Factor/Intervention Violations	1	Date	10/17/2019
Establishment Germantown Hills School cafeteria		License/Permit #	19 016	Time In	11:10 AM
Street Address 103 Warrior Way		Permit Holder	Germantown Hills School District #69	Time Out	12:55 PM
City/State Germantown Hills, IL		ZIP Code	61548	Risk Category I	
Purpose of Inspection Routine Inspection					

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance    OUT=not in compliance    N/O=not observed    N/A=not applicable Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection    R=repeat violation				Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.					
Compliance Status			COS	R	Compliance Status			COS	R
Supervision					Protection from Contamination				
1	In	Person in charge present, demonstrates knowledge, and performs duties			15	In	Food separated and protected		
2	In	Certified Food Protection Manager (CFPM)			16	In	Food-contact surfaces; cleaned and sanitized		
Employee Health					Time/Temperature Control for Safety				
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting			17	In	Proper disposition of returned, previously served, reconditioned and unsafe food		
4	In	Proper use of restriction and exclusion			18	In	Proper cooking time and temperatures		
5	In	Procedures for responding to vomiting and diarrheal events			19	N/O	Proper reheating procedures for hot holding		
Good Hygienic Practices					Consumer Advisory				
6	In	Proper eating, tasting, drinking, or tobacco use			20	N/O	Proper cooling time and temperature		
7	In	No discharge from eyes, nose, and mouth			21	In	Proper hot holding temperatures		
Preventing Contamination by Hands					Highly Susceptible Populations				
8	In	Hands clean and properly washed			22	In	Pasteurized foods used; prohibited foods not offered		
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			Food/Color Additives and Toxic Substances				
10	In	Adequate handwashing sinks properly supplied and accessible			23	In	Food additives: approved and properly used		
Approved Source					Toxic substances properly identified, stored, and used				
11	In	Food obtained from approved source			24	N/A	Time as a Public Health Control; procedures & records		
12	In	Food received at proper temperature			Conformance with Approved Procedures				
13	OUT	Food in good condition, safe, and unadulterated		X	25	N/A	Consumer advisory provided for raw/undercooked food		
14	N/A	Required records available: shellstock tags, parasite destruction			26	In	Pasteurized foods used; prohibited foods not offered		
					27	N/A	Food additives: approved and properly used		
					28	In	Toxic substances properly identified, stored, and used		
					29	N/A	Compliance with variance/specialized process/HACCP		

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered Item is not in compliance    Mark "X" in appropriate box for COS and/or R    COS=corrected on-site during inspection    R=repeat violation									
Compliance Status			COS	R	Compliance Status			COS	R
Safe Food and Water					Proper Use of Utensils				
30		Pasteurized eggs used where required			43	X	In-use utensils: properly stored		X
31		Water and ice from approved source			44		Utensils, equipment & linens: properly stored, dried, & handled		
32		Variance obtained for specialized processing methods			45		Single-use/single-service articles: properly stored and used		
Food Temperature Control					Gloves used properly				
33		Proper cooling methods used; adequate equipment for temperature control			Utensils, Equipment and Vending				
34		Plant food properly cooked for hot holding			47		Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
35		Approved thawing methods used			48		Warewashing facilities: installed, maintained, & used; test strips		
36		Thermometers provided & accurate			49		Non-food contact surfaces clean		
Food Identification					Physical Facilities				
37	X	Food properly labeled; original container			50		Hot and cold water available; adequate pressure		
Prevention of Food Contamination					Employee Training				
38		Insects, rodents, and animals not present			51		Plumbing installed; proper backflow devices		
39	X	Contamination prevented during food preparation, storage and display		X	52		Sewage and waste water properly disposed		
40		Personal cleanliness			53		Toilet facilities: properly constructed, supplied, & cleaned		
41		Wiping cloths: properly used and stored			54		Garbage & refuse properly disposed; facilities maintained		
42		Washing fruits and vegetables			55		Physical facilities installed, maintained, and clean		
					56		Adequate ventilation and lighting; designated areas used		
					57		All food employees have food handler training		
					58		Allergen training as required		

# Food Establishment Inspection Report

Establishment: Germantown Hills School cafeteria

Establishment #: 19 016

Water Supply:  Public  Private

Waste Water System:  Public  Private

Sanitizer Type: Quaternary ammonium

PPM: 200/200

Heat: 180 & 188

### TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Taco soup/multi-purpose room	167	Sub sandwiches/delivery	41	Diced eggs/salad bar commons	38
Taco soup/commons	135	Shredded cheese/RIC kitchen	41	Shredded cheese/salad bar	40
Taco soup/RIC commons	146	Cut lettuce/RIC kitchen	40	Strawberry yogurt/salad bar	40
		Shredded cheese/salad bar MPR	41	Diced ham/salad bar commons	39
		Cut melon/salad bar MPR	41	Cut melon/salad bar commons	40
		Diced eggs/salad bar MPR	38	Cut lettuce/salad bar commons	40
		Diced ham/salad bar MPR	39	Sour cream/WIC	38
		Cut lettuce/salad bar MPR	40	Cut cantaloupe melon/WIC	39
		Strawberry yogurt/salad bar MPR	40	Cut honeydew melon/WIC	39

### OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
13	3-202.15 (Pf) Observed in kitchen on can shelf dented can of Sunsource medium sliced carrots. Food packaging must be in good condition so that foods are not exposed to adulteration or potential contamination. Dented can removed to dented can area by female person-in-charge during inspection.
37	3-602.11 (C) Observed at salad bar (multi-purpose room, west) multiple self-dispensing food items not properly labeled with name of food items on food containers or sneeze guard. Use a card or sign to label with common name of food, ingredients, and nutrition labeling. Please correct this violation within 90 days or at least by next routine inspection.
39	3-306.11 (P) Observed at salad bars (multi-purpose room and commons) bread rolls in foil containers stored uncovered and not protected from possible contamination. Food on display shall be protected from contamination. Bread rolls covered with foil cover by female food employee during inspection.
43	3-304.12 (C) Observed in commons kitchen in RIC salad tongs stored in direct contact with cut lettuce in stainless steel pan. In-use utensils shall be stored in the food with the handle above the top of the food item or on a clean and sanitized surface. Salad tongs removed from cut lettuce by female food employee during inspection.

CFPM Verification (name, expiration date, ID#): Fay Bachman

Fay Bachman 156194 - IL FSSMC Exp. 10/2021	Kim Kiesewetter 21487694 - NRFSP Exp. 7/2023	Tamatha Penney 21487699 - NRFSP Exp. 7/2023	Melanie High 13771444 - ServSafe Exp. 6/2021
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HACCP Topic: TCS food temperature requirements, Hepatitis A

Fay Bachman  
 Person in Charge (Signature)

Oct 17, 2019  
 Date

Paul Wilkey wncs PL  
 Inspector (Signature)

Follow-up:  Yes  No (Check one)

Follow-up Date: \_\_\_\_\_

